I WANT YOU TO GET YOUR CALWORKS BENEFITS BACK	Date: Case Name: Case Number: Worker Name: Worker Number: Phone:
Dear,	
Hello, my name is and	d I am your Employment Case Manager (ECM)
with the Welfare-to-Work Program (WTW). I red	ently sent you a letter stating that I have been
informed that you are no longer receiving ca	sh aid for yourself because you have been
sanctioned. Did you know that if you start to	participate in the WTW Program now, you
can get your cash aid and other benefits back	?
I can help you to overcome barriers, gain se history, and provide more income for your family.	elf-confidence, learn new skills, build your work
To accomplish these goals, I can assist you Expenses, Educational Needs, and other per participating in the Welfare-to-Work Program.	u with Transportation, Childcare, Work-Related ersonal needs that may prevent you from
Since I did not hear back from you, I am s home on the date and time indicated below:	cheduling an appointment to visit you at your
DATE OF HOME VISIT:	
TIME: BETWEEN AND	
•	home visit or change locations call me at
arrange for an office visit if that would be more	
you!	,
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